

A study of acute inflammatory proteins and its relevance in Covid-19

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Abstract

Background: The mortality rate covid-19 is still not understood completely but was reported around five percent worldwide. This study puts in an effort to find one such difference if any between the survivors when compared to the non-survivors. This study makes an effort to find the acute inflammatory proteins in the survivors in comparison with the non-survivors.

Aims and Objectives: To study the acute inflammatory proteins levels and their significance in Covid-19.

Materials and Methods: This is a retrospective study done in the Department of Medicine, Dr. Chandramma Dayanand Sagar Institute of Medical Education and Research, Bangalore.

Results: There is a significant difference in the levels of acute inflammatory protein levels in survivors when compared to that of non-survivors.

Conclusion: This study successfully portrays the importance of acute inflammatory protein levels in understanding the progression of the disease.

Keywords: Hepatic, enzymes, retrospective, Covid-19.

Introduction

It all started in Oct 2019 when many cases were reportedly admitted with pneumonia like symptoms in the hospital in Wuhan province of China ^[1]. It went on for many days and more number of patients was being admitted with similar symptoms in the same province. Things changed when the treating Doctors and nurses starting to have the same set of symptoms that the patients had earlier diagnosed. Many of them have been said to be admitted but recovered fully. The contagious property of the disease was found and it would be transmitted through droplet infection was later understood ^[2]. The patients although were reported to have primarily admitted having pneumonia like symptoms but there were other signs and symptoms also that were increasingly observed. Some of the symptoms were headache, nausea, diarrhea, multiple organ dysfunction ^[3]. Although some were being admitted with all these symptoms, others did not had any symptoms at all. Later it was understood that there was a spectrum of disease that was supposed to be understood. At one end of the spectrum patients were infected with negligible symptoms and would recover fully ^[4]. At the other end of the spectrum patients were admitted with pneumonia and also other severe complications like sepsis, respiratory failure and other organ failures. Many have lost their lives ^[5]. Then

came a time when WHO effectively called it as a pandemic [6]. The mortality rate is never understood completely but it in the range of 3 to 7 percent [7]. This study puts in an effort to find one such difference if any between the survivors when compared to the non-survivors. This study makes an effort to find the acute inflammatory protein levels in the two groups.

Aims and Objectives

To study the acute inflammatory protein levels and their significance in Covid-19.

Materials and Methods

1. This study is a retrospective study in the Department of Medicine, Dr. Chandramma Dayanand Sagar Institute of Medical Education and Research, Bangalore.

This study was done from Feb 2021 to Jan 2022.

Files of Forty five non-survivors and an equal number of age and sex adjusted survivors were selected.

The MRD was visited and the files were asked. The haematological and biochemical profile has been reported.

Inclusion criteria

All the patients were selected in the age group of 20 to 60 years old

Exclusion criteria

Any patients with other co-morbidities were not selected to decrease the bias.

Patients with liver disease.

Patients with history of jaundice within one year before the infection.

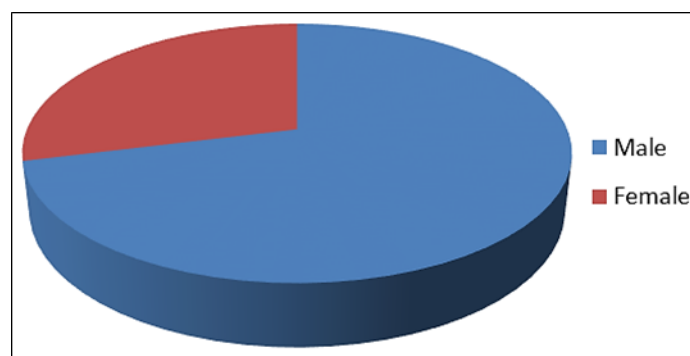
Statistics

All the statistical analysis was done using the latest version of the R software.

Results

Table 1: Mean age

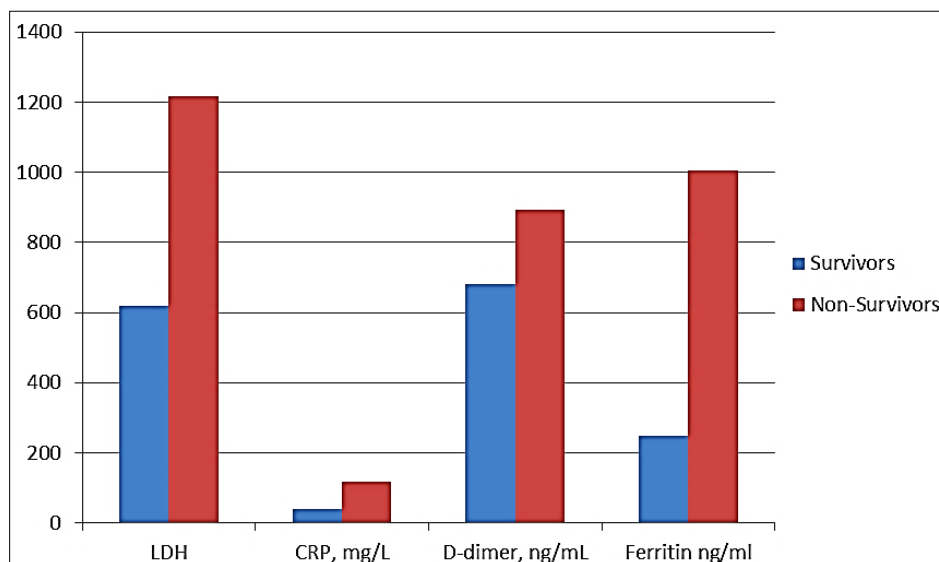
Mean Age	Std Deviation
39.71	± 6.38 years



Graph 1: Sex Distribution

Table 2: Inflammatory markers in survivors and non-survivors

Markers	Survivor	Non- Survivor	Sig
LDH U/L	568.28 ± 318.09	1312.16 ± 976.29	<0.001 Sig
CRP, mg/L	39.29 ± 54.12	119.26 ± 91.9	<0.001 Sig
D-dimer, ng/mL	682.00 ± 114.19	892.13 ± 412.38	<0.001 Sig
Ferritin ng/ml	239.91 ± 38.15	1106.16 ± 112.39	<0.001 Sig

**Graph 2:** Inflammatory markers in survivors and non-survivors

Discussion

As earlier discussed this disease has a spectrum of signs and symptoms that can be presented. At one end of the spectrum patients were infected with negligible symptoms and would recover fully. At the other end of the spectrum patients were admitted with pneumonia and also other severe complications like sepsis, respiratory failure and other organ failures. Many symptoms is caused by the reactive inflammatory substances that are produced in the body. These inflammatory markers are known to attack the normal tissues of the body. The symptoms are also known to suddenly disappear at one end of the spectrum but also at the other end it is known to burst out of proportions. So this disease has to be understood in detail and the spectrum has to be understood to effectively treat the patients and thus save lives [8]. Haematological and biochemical markers to identify the prognosis of the disease have already been reported by many studies [9]. There are other studies which covers the importance to study the inflammatory markers that are responsible for creating a cytokine storm [10]. CRP, ESR, IL-6 to name a few has been extensively studied. Their link has been known to be the difference between the life and death [11, 12]. But one of the most metabolic organ in the body and its role is poorly understood. So this study is one such novel effort. This study successfully finds the difference.

Conclusion

This can be used as a prognostic tool. Majority of the study has been done in the east and none of them in this region. The pandemic is still not over and this study is one novel effort to find the difference so as to help the practicing physician to diagnose the severity earlier and be helpful in the treatment of the disease.

References

1. Li, Guan X, Wu P, *et al.* Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia *New England Journal of Medicine*. 2020;382:1199-207. 10.1056/NEJMoa2001316.
2. Sheng L, Wang X, Tang N, *et al.* Clinical characteristics of moderate and severe cases with COVID-19 in Wuhan, China: a retrospective study *Clinical and Experimental Medicine*, 2020. 10.1007/s10238-020-00662-z.
3. Kumar R, Singh V, Mohanty A, Bahurupi Y, Gupta PK. Corona health-care warriors in India: knowledge, attitude, and practices during COVID-19 outbreak *J Educ Health Promot*. 2021;10(44):1-8. 10.4103/jehp.jehp_524_20
4. Wang D, Hu B, Hu C, *et al.* Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus-infected pneumonia in wuhan, China *JAMA*. 2020;323:1061-1069. 10.1001/jama.2020.1585.
5. Gautier JF, Ravussin Y. A new symptom of COVID-19: loss of taste and smell *Obesity*, 2020, 848.
6. World Health Organization. World Health Organization Statement on the second meeting of the international health regulations Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV), 2005-2020.
7. Lu J, Hu S, Fan R, *et al.* ACP risk grade: a simple mortality index for patients with confirmed or suspected severe acute respiratory syndrome coronavirus 2 disease (COVID-19) during the early stage of outbreak in Wuhan *medRxiv China*, 2020, 2020.02.20.20025510.
8. Liu J, Liu Y, Xiang P, *et al.* Neutrophil-to-Lymphocyte ratio predicts severe illness patients with 2019 *medRxiv Novel Coronavirus in the Early Stage*, 2020, 2020.02.10.20021584.
9. Wang D, Li R, Wang J, *et al.* Correlation analysis between disease severity and clinical and biochemical characteristics of 143 cases of COVID-19 in Wuhan, China: a descriptive study *BMC Infectious Diseases*. 2020;20:519.
10. Tian S, Liu H, Liao M, *et al.* Analysis of mortality in patients with COVID-19: clinical and laboratory parameters *Open Forum Infectious Diseases*, 2020, 7.
11. Wang K, Qiu Z, Liu J, *et al.* Analysis of the clinical characteristics of 77 COVID-19 deaths. *Scientific Reports*. 2020;10:163-84.
12. Martins-Filho PR, Tavares CSS, Santos VS. Factors associated with mortality in patients with COVID-19. A quantitative evidence synthesis of clinical and laboratory data. *European journal of internal medicine*. 2020;76:97-99.